

County: Ozaukee
CEDAR SPRINGS HEALTH/REHAB CENTER

Facility ID: 4180

Page 1

N27 W5707 LINCOLN BOULEVARD
CEDARBURG 53012 Phone: (262) 376-7676
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 59
Total Licensed Bed Capacity (12/31/00): 60
Number of Residents on 12/31/00: 54

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Corporation
Skilled
Yes
Yes
54

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	70.4
Supp. Home Care-Personal Care	No					1 - 4 Years	27.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years	1.9
Day Services	No	Mental Illness (Org./Psy)	7.4	65 - 74	11.1		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	50.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	29.6	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.7			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	16.7		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	7.4	65 & Over	96.3		
Transportation	No	Cerebrovascular	11.1			RNs	10.6
Referral Service	No	Diabetes	1.9	Sex	%	LPNs	5.1
Other Services	Yes	Respiratory	5.6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	46.3	Male	29.6	Aides & Orderlies	
Mentally Ill	No			Female	70.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	18	100.0	\$188.28	0	0.0	\$0.00	0	0.0	\$0.00	30	100.0	\$176.50	6	100.0	\$293.00	54	100.0%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	18	100.0		0	0.0		0	0.0		30	100.0		6	100.0		54	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	2.1	Bathing	0.0	72.2	27.8	54
Private Home/With Home Health	0.0	Dressing	7.4	77.8	14.8	54
Other Nursing Homes	2.1	Transferring	7.4	77.8	14.8	54
Acute Care Hospitals	94.5	Toilet Use	5.6	74.1	20.4	54
Psych. Hosp. -MR/DD Facilities	0.0	Eating	77.8	0.0	22.2	54
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.2	Continence		%	Special Treatments	%
Total Number of Admissions	326	Indwelling Or External Catheter	16.7		Receiving Respiratory Care	13.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	57.4		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	35.4	Occ/Freq. Incontinent of Bowel	38.9		Receiving Suctioning	0.0
Private Home/With Home Health	21.7				Receiving Ostomy Care	7.4
Other Nursing Homes	4.0	Mobility			Receiving Tube Feeding	1.9
Acute Care Hospitals	0.0	Physically Restrained	5.6		Receiving Mechanically Altered Diets	24.1
Psych. Hosp. -MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	16.1	Skin Care			Have Advance Directives	100.0
Other Locations	13.7	With Pressure Sores	13.0		Medications	
Deaths	9.0	With Rashes	3.7		Receiving Psychoactive Drugs	61.1
Total Number of Discharges (Including Deaths)	322	*****				

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	Ownership:		Bed Size:		Licensure:		All	
	This Facility	Peer Group	50-99	Peer Group	Skilled	Peer Group	Facilities	Ratio
	%	%	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	74.6	1.21	86.1	1.05	81.9	1.10	84.5
Current Residents from In-County	68.5	84.4	0.81	90.2	0.76	85.6	0.80	77.5
Admissions from In-County, Still Residing	8.0	20.4	0.39	22.1	0.36	23.4	0.34	21.5
Admissions/Average Daily Census	603.7	164.5	3.67	168.8	3.58	138.2	4.37	124.3
Discharges/Average Daily Census	596.3	165.9	3.60	169.2	3.52	139.8	4.26	126.1
Discharges To Private Residence/Average Daily Census	340.7	62.0	5.50	70.9	4.80	48.1	7.08	49.9
Residents Receiving Skilled Care	100	89.8	1.11	93.2	1.07	89.7	1.11	83.3
Residents Aged 65 and Older	96.3	87.9	1.10	93.4	1.03	92.1	1.05	87.7
Title 19 (Medicaid) Funded Residents	0.0	71.9	0.00	51.5	0.00	65.5	0.00	69.0
Private Pay Funded Residents	55.6	15.0	3.69	36.3	1.53	24.5	2.27	22.6
Developmentally Disabled Residents	0.0	1.3	0.00	0.4	0.00	0.9	0.00	7.6
Mentally Ill Residents	7.4	31.7	0.23	33.0	0.22	31.5	0.24	33.3
General Medical Service Residents	46.3	19.7	2.35	24.2	1.91	21.6	2.14	18.4
Impaired ADL (Mean)	50.4	50.9	0.99	48.8	1.03	50.5	1.00	49.4
Psychological Problems	61.1	52.0	1.18	47.7	1.28	49.2	1.24	50.1
Nursing Care Required (Mean)	7.9	7.5	1.05	7.3	1.08	7.0	1.12	7.2